

Background: Nurse led heart failure (HF) clinics have been shown to reduce readmissions and improve medication adherence rates. However, its impact on survival is not well demonstrated. The aim of this study is to evaluate the impact of a nurse-led HF clinic on all cause mortality.

Methods: We included 425 consecutive patients who were admitted with HF exacerbations in 2008 and 2009. All patients were invited to follow-up in a nurse led HF clinic; 199 (48%) patients agreed. All patients were followed up for all cause mortality which was confirmed by national death index. The independent predictors of outcomes were identified using multivariable Cox regression.

Results: The 199 patients who agreed to follow up in the HF clinic were younger, more often men and had lower ejection fraction, BUN and systolic blood pressure. After a median follow-up of 15 months (range 6–30 months), 55 patients died; 14 patients in the clinic group (7%) compared to 41 patients (19%) in the regular care group. Using multivariable Cox regression, the participation in the HF clinic was independently associated with two and a half folds reduction in all cause mortality (HR 0.4, 95% CI 0.2–0.8, $p = 0.008$).

Conclusions: Nurse led HF clinic is independently associated with improved survival among patients with decompensated heart failure.

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SHA 021. Adult congenital heart diseases, nursing care: Present and future challenges

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Congenital abnormalities of the heart and cardiovascular system are reported in almost 1% of live births and the death rate has been decreased significantly over the past few decades because of a revolution in treating congenital heart defects. Advances in diagnosis and surgery have made it possible to fix or repair most defects, even those once thought to be hopeless. Many people with these defects are now reaching adulthood and living full, active lives. In 2008, more than 1 million people with congenital heart disease have survived to adulthood and many changes in their life style (independency from parents, studying, exercising, traveling, marriage, pregnancy, employment,...) should be addressed and attended.

The main challenges for facilitating the required care for those patient populations are:

- Lack of specialist facilities.
- Large variety of conditions.
- Lack of the health care professionals who specialized in adult congenital heart diseases.

As services expand to meet the needs of a growing adult population, this is a call for the demand for training and development of nurses specialized in adult congenital heart diseases.

At the end of the presentation the a will be able to identify:

1. The definition of adult congenital heart diseases.
2. Classification of ACHD.
3. Diagnostic procedures for patient with congenital heart diseases.

4. Complication of congenital heart diseases.

5. Required knowledge/attitudes/skills for nurses and APN working with CHD patients populations.

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SHA 023. Right internal jugular venous aneurysmorrhaphy

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Internal jugular venous aneurysm usually congenital, present particular problems in management. The surgical therapy is controversial. cosmetic appearance and prevention of possible complications (thrombosis, pulmonary embolism) are the reasons to operate on these patients . The lesion in this case involved the right side, the swelling appeared mainly during straining especially in valsalva maneuver. Various operative techniques were described but we choosed to use the tangential venorrhaphy technique without complications.

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SHA 024. Total cardiovascular risk assessment: What do doctors know about?

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Objectives: To evaluate the knowledge of medical practitioners on total cardiovascular (CVD) risk assessment and use of the European Systematic CORonary Risk Evaluation – SCORE charts in clinical practice.

Methods: During the Workshop organized as part of the scientific activities of the Conference on Cardiovascular Diseases Prevention held on 12–13 October 2010 at King Khaled Military City Hospital (KKMCH)-Hafr Albatin – a survey questionnaire focused on the practical use of SCORE risk assessment scale. In total, 60 medical practitioners from different nationalities participated in the anonymous survey with mean duration of working at the position of primary health care physician being 5.6 ± 6.4 years.

Results: Eighty percent of the responders do not use the SSCORE scale, only 10.7% were using it. 66.6% do not know about the SCORE instrument. Among the SCORE components, 74% of the physicians who are aware of the tool correctly reported age, gender, blood pressure and cholesterol; 63% also correctly reported smoking; 50% wrongly mentioned glucose and CVD in family history, meanwhile 44% wrongly mentioned the overweight, obesity and waist circumference. Other risk factors were wrongly reported by 17% of the doctors. Patients with diabetes mellitus, with three or more risk factors were classified as having high total CVD by 80% of the practitioners. Symptom-free patients with a very high level of single risk factor were classified as having high CVD risk by 20% of the participants only. Up to 54% of the responders had risk factors themselves. The interest in educational programs for doctors, focusing on SCORE use in clinical practice, was very high (90%).